



Cathedral of Christ the King
Confirmation Parish Life Hours
Verification Form

I, (name of supervising individual) _____,
of (name of organization) _____,
certify that (name of student) _____
has participated in _____ hours of service on this date ____/____/____.

Signature Title/Position Phone or email address

Student Reflection

Describe the service you performed and reflect on how this service affected your faith.

Due no later than December 2, 2016.